

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

09596362

## CLAIMS AS FILED - PART I

|                                  | (Column 1)   | (Column 2)   |
|----------------------------------|--------------|--------------|
| FOR                              | NUMBER FILED | NUMBER EXTRA |
| BASIC FEE                        |              |              |
| TOTAL CLAIMS                     | 9 minus 20=  | *            |
| INDEPENDENT CLAIMS               | 2 minus 3=   | *            |
| MULTIPLE DEPENDENT CLAIM PRESENT |              |              |

SMALL ENTITY TYPE ☒

OR OTHER THAN SMALL ENTITY

| RATE   | FEE    |    | RATE   | FEE    |
|--------|--------|----|--------|--------|
|        | 345.00 | OR |        | 690.00 |
| X\$ 9= |        | OR | X\$18= |        |
| X39=   |        | OR | X78=   |        |
| +130=  |        | OR | +260=  |        |
| TOTAL  | 345    | OR | TOTAL  |        |

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

|  | (Column 1)                       | (Column 2)                         | (Column 3)    |
|--|----------------------------------|------------------------------------|---------------|
| AMENDMENT A                                    | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total  | 13                               | Minus 20                           | =             |
| Independent                                    | 2                                | Minus 3                            | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |                                    |               |

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

| RATE             | ADDITIONAL FEE |    | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9=           |                | OR | X\$18=           |                |
| X39=             |                | OR | X78=             |                |
| +130=            |                | OR | +260=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

|  | (Column 1)                       | (Column 2)                         | (Column 3)    |
|--|----------------------------------|------------------------------------|---------------|
| AMENDMENT B                                    | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total  |                                  | Minus                              | =             |
| Independent                                    |                                  | Minus                              | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |                                    |               |

| RATE             | ADDITIONAL FEE |    | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9=           |                | OR | X\$18=           |                |
| X39=             |                | OR | X78=             |                |
| +130=            |                | OR | +260=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

BEST AVAILABLE COPY

|  | (Column 1)                       | (Column 2)                         | (Column 3)    |
|--|----------------------------------|------------------------------------|---------------|
| AMENDMENT C                                    | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total  |                                  | Minus                              | =             |
| Independent                                    |                                  | Minus                              | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |                                    |               |

| RATE             | ADDITIONAL FEE |    | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9=           |                | OR | X\$18=           |                |
| X39=             |                | OR | X78=             |                |
| +130=            |                | OR | +260=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

BEST AVAILABLE COPY